

Figure 1

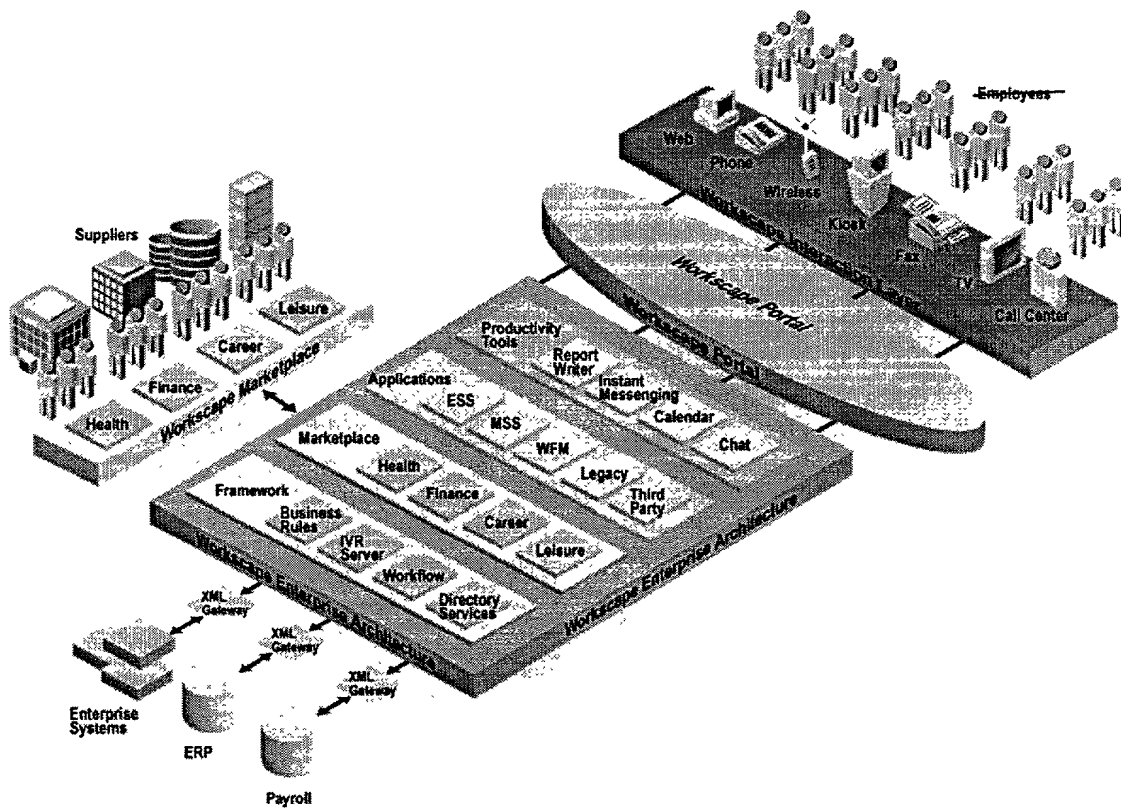


FIGURE 1: WORKSPACE ENTERPRISE ARCHITECTURE

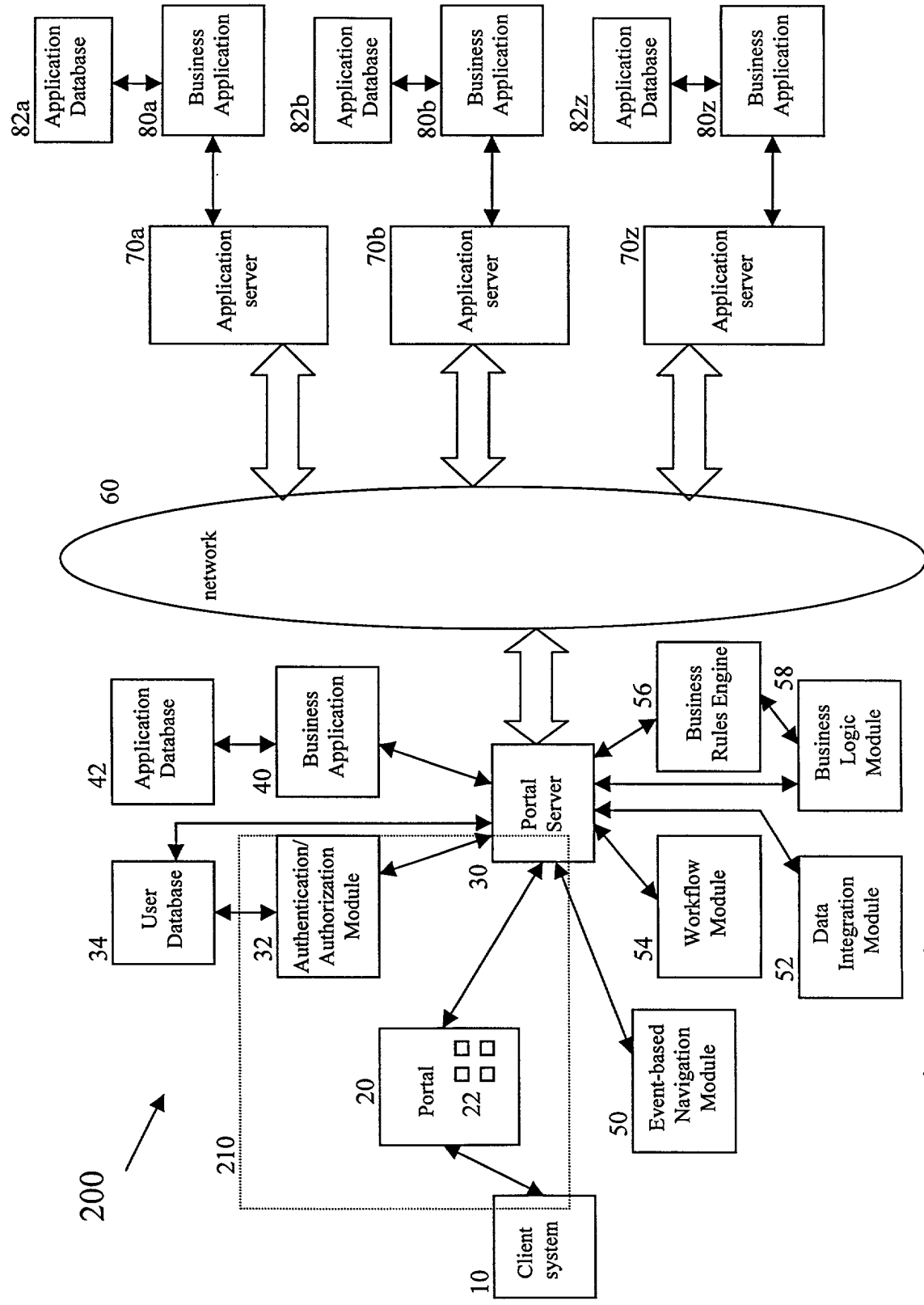
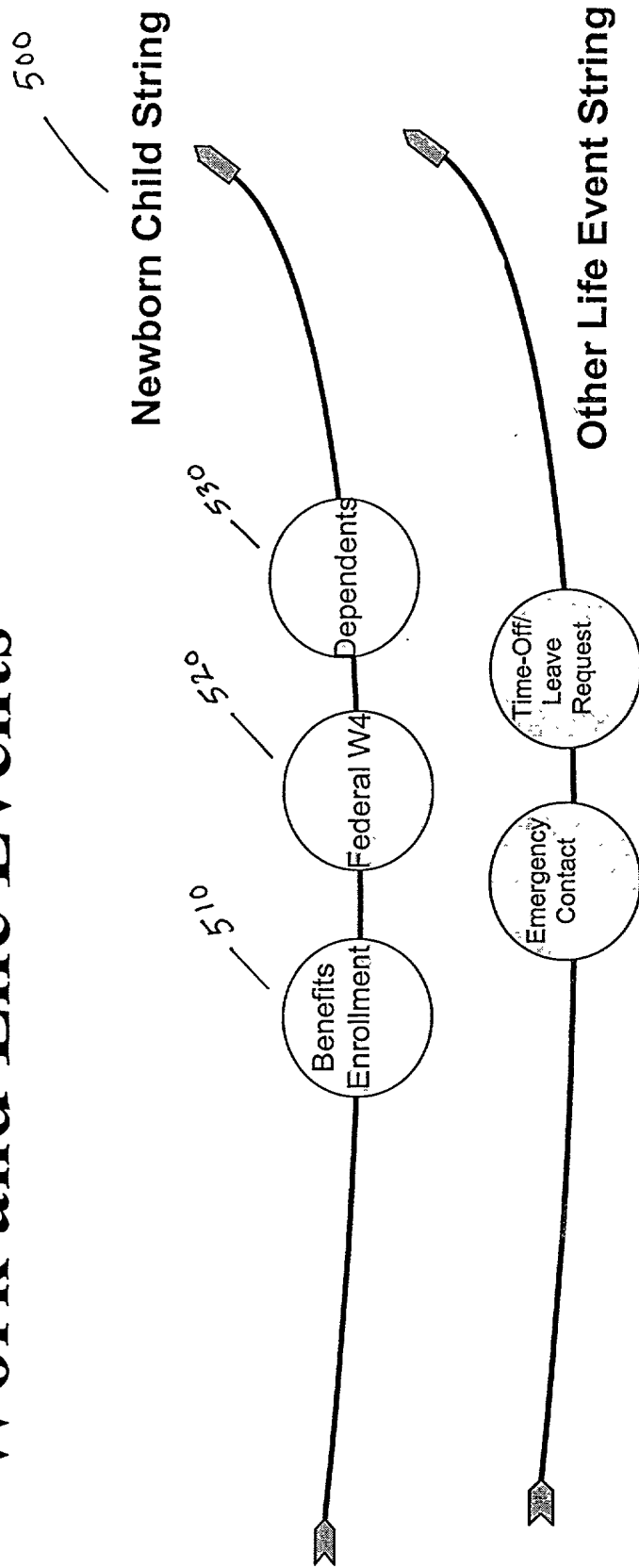


Figure 2

Figure 3

# Work and Life Events



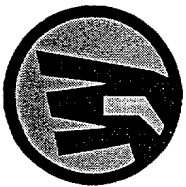


Figure 4

# Sample Screen - Home Page

20

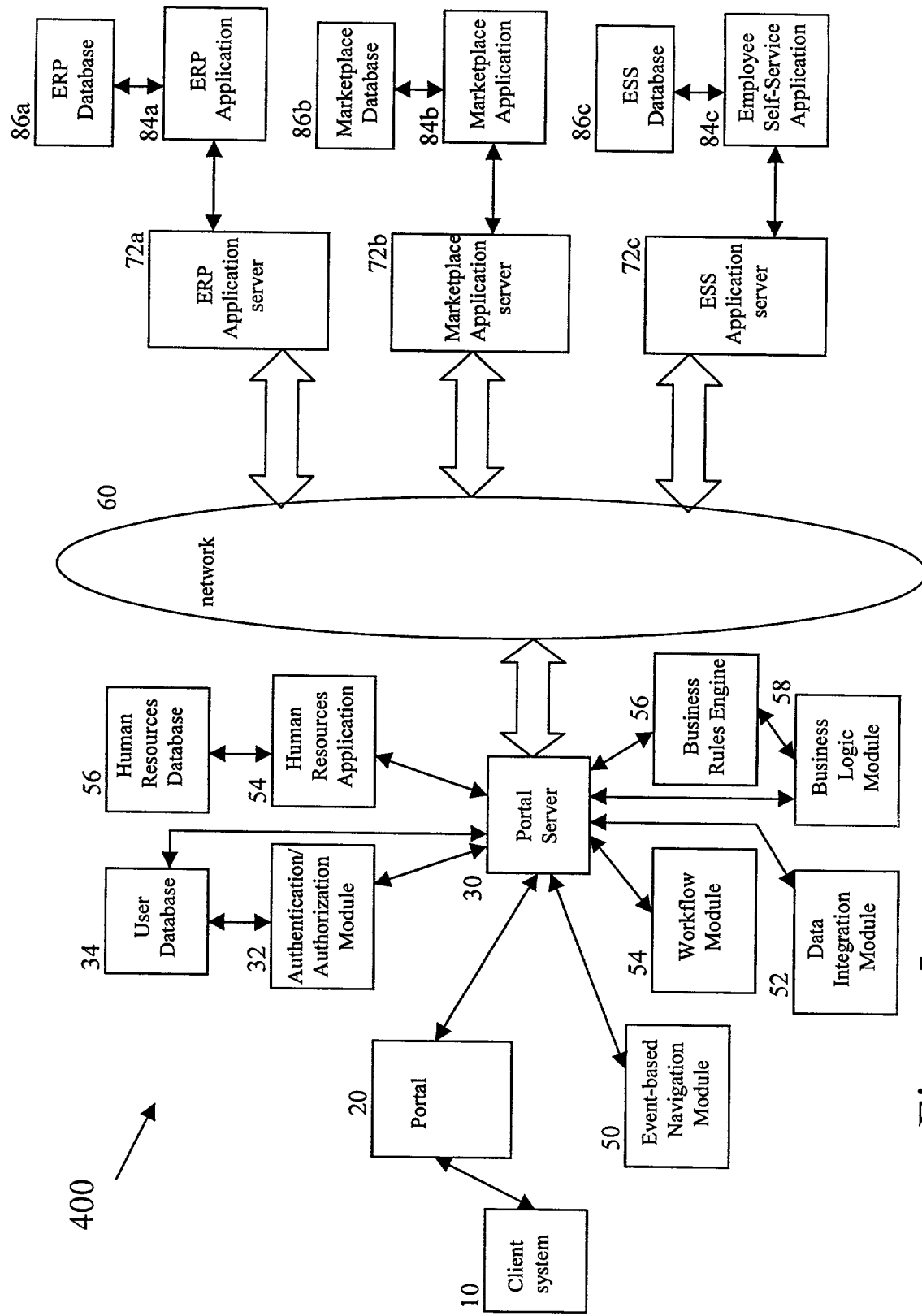


Figure 5

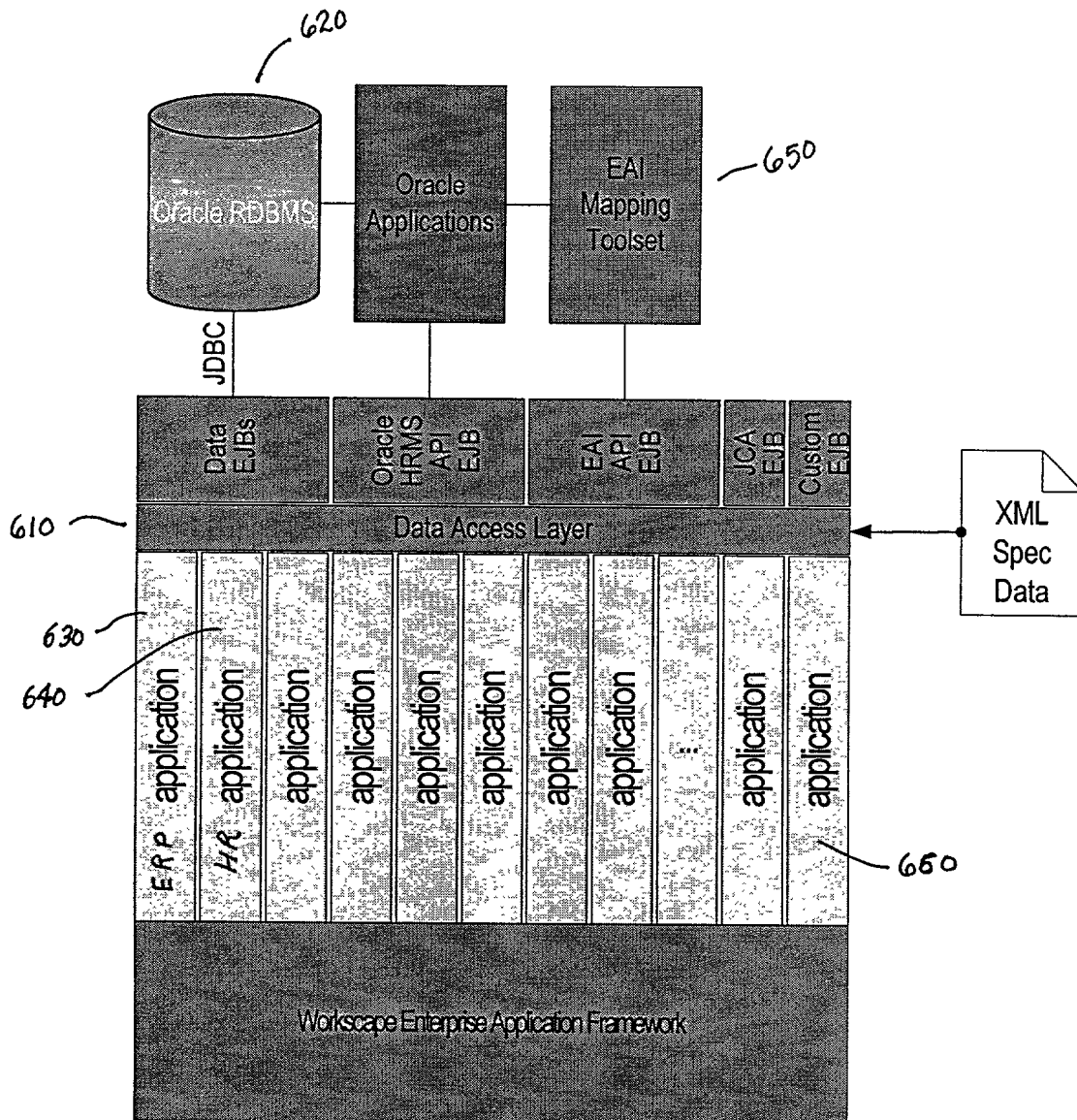


Figure 6

Figure 7

210

**elections**  
Confirm Your Elections

Please review the information below if you are satisfied with your selections and the dependents listed are complete and correct. Please answer the questions below and click the **CONFIRM** button at the bottom of the screen.

If you would like to make any changes, you may click the **MAKE CHANGES** button at the bottom of the screen, and re-enter any necessary information.

Plan	Selected	Monthly Cost	Yearly Cost
Medical	Active Elect Choice		
	High Option		\$18.51
	Employee Only		
	Employee Only	\$2.78	
	Plan		
Vision	Years Coverage	\$0.00	
Term Life	Years Coverage	\$0.00	
General Life	Years Coverage	\$0.00	
Voluntary Child Life	Years Coverage	\$0.00	
Disability	Years Coverage	\$0.00	
Voluntary Accidental	Years Coverage	\$0.00	
Death and			
Disability Insurance			
Health Care Spending	Not Participating	\$0.00	
Account			
Dependent Care	Not Participating	\$0.00	
Spending Account			
<b>TOTAL COST</b>		\$41.46	

**22** —

**22** —

**22** —

Please answer the following questions to help us improve the enrollment process.

- How was the on-line enrollment process?
  - ☐ Very Easy
  - ☐ Easy
  - ☐ Average
  - ☐ Difficult
  - ☐ Very Difficult
- How would you rate the instructions?
  - ☐ Very Easy
  - ☐ Easy
  - ☐ Average
  - ☐ Difficult
  - ☐ Very Difficult
- How long did it take to complete?
  - ☐ 1-5
  - ☐ 6-10
  - ☐ 11-15
  - ☐ 16-20
  - ☐ 21+
- Do you have previous experience on the web?
  - ☐ Yes
  - ☐ No

**CONFIRM** **MAKE CHANGES**

240  
Summary App

250  
Dependent App

260  
Survey App